

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

LA FERLA FOR CONGRESS

ADDRESS (number and street)

209 BIRCH RUN ROAD

PO BOX 832

Check if different than previously reported. (ACC)

CHESTERTOWN

MD

21620

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C C00507335

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

MD

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

X

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 06 / 2012

in the State of

MD

5. Covering Period

M M / D D / Y Y Y Y

10 / 18 / 2012

through

M M / D D / Y Y Y Y

11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy E Harrison

Signature of Treasurer Nancy E Harrison

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
LA FERLA FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16831.50	162776.75
(b) Total Contribution Refunds (from Line 20(d))	0.00	4933.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16831.50	157843.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38183.82	191223.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	318.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38183.82	190904.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2997.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	39018.63	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

LA FERLA FOR CONGRESS

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
8325.00	88525.00	0.00
(ii) Unitemized		
3256.50	36455.68	25.00
(iii) Total of contributions from individuals		
11581.50	124980.68	25.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
5250.00	19350.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	18446.07	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
16831.50	162776.75	25.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
15000.00	50664.70	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
15000.00	50664.70	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	318.61	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
31831.50	213760.06	25.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 35

Write or Type Committee Name

LA FERLA FOR CONGRESS

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="38183.82"/>	<input type="text" value="191223.48"/>	<input type="text" value="2985.25"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="5000.00"/>	<input type="text" value="6646.07"/>	<input type="text" value="5000.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="5000.00"/>	<input type="text" value="6646.07"/>	<input type="text" value="5000.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="4933.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 35

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	4933.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

43183.82	202802.55	7985.25
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

16831.50	157843.75	25.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

38183.82	190904.87	2985.25
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14349.58
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	31831.50
25. SUBTOTAL (add Line 23 and Line 24).....	46181.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43183.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2997.26

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Eva S Baumann

Mailing Address 8293 Brice Mill Rd

City Chestertown State MD Zip Code 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11AI.5860

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Sandra Bjork

Mailing Address 110 Birch Run Rd

City Chestertown State MD Zip Code 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Neil Brayton

Mailing Address 141 Brayton Lane

City Chestertown State MD Zip Code 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.5826

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

275.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patricia Courtney		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012	
Mailing Address 5200 62nd Ave. South		Transaction ID : SA11AI.5810	
City Saint Petersburg	State FL	Zip Code 33715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Andrew Crowley		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 140 Magnolia Ave		Transaction ID : SA11AI.5862	
City Glendale	State OH	Zip Code 45246	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) C. Ms. Carol Duane		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 85 Park Rd.		Transaction ID : SA11AI.5901	
City Chelmsford	State MA	Zip Code 01824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Next Generation Child Care	Occupation Teacher		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cheryl Everman

Mailing Address 6715 Bailey Store Rd

City State Zip Code
Federalburg MD 21632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Telesis Marketing Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Susan Forlifer

Mailing Address 27193 Baileys Neck Rd

City State Zip Code
Easton MD 21601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Michael Franch

Mailing Address 607 East 34th Street

City State Zip Code
Baltimore MD 21218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.5890

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mark Glaze		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2012	
Mailing Address 200 Touhey Dr		Transaction ID : SA11AI.5875	
City Stevensville	State MD	Zip Code 21666	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer Dept of Transportation		Occupation Air Quality Specialist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) B. Mark Glaze		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 200 Touhey Dr		Transaction ID : SA11AI.5909	
City Stevensville	State MD	Zip Code 21666	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer Dept of Transportation		Occupation Air Quality Specialist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Steven Hamblin		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012	
Mailing Address 6782 Cookes Hope Rd		Transaction ID : SA11AI.5824	
City Easton	State MD	Zip Code 21601	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kenneth Haslam

Mailing Address 14702 John Peel Rd

City Galena State MD Zip Code 21635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.5868

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kenneth Herlihy

Mailing Address 14006 Huyett Lane

City Galena State MD Zip Code 21635

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Shirley Hunt

Mailing Address 111 N. Queen Street

City Chestertown State MD Zip Code 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Nurse Tech

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jim Lavin

Mailing Address PO BOX 400

City Crumpton State MD Zip Code 21628

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Medical Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5912

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
William Lindsay

Mailing Address 201 Richard Drive

City Chestertown State MD Zip Code 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.5842

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
Sherwin Markman

Mailing Address 20639 Andrew Rd

City Rock Hall State MD Zip Code 21661

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period
 _____ 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Martin

Mailing Address 112 Cross Street

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Book Store owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.5900

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Jerry McCarthy

Mailing Address 108 East Campus Dr

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Frances Miller

Mailing Address 221 Birch Run Rd

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2012

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
850.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Trudy Miller

Mailing Address 3141 Harmony Church Rd

City State Zip Code
Darlington MD 21034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.5857

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Paul Moorhead

Mailing Address 10511 Miracle House Circle

City State Zip Code
Claiborne MD 21624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period
90.00

C. Full Name (Last, First, Middle Initial)
Elizabeth R O'Donoghue

Mailing Address 25741 Pearce WY

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ches. Bank and Trust Financial Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.5880

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

390.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr Melvin Rapelyea

Mailing Address 17 Bayside Blvd

City: Betterton State: MD Zip Code: 21610

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self Occupation: Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 850.00

Date of Receipt: 10 / 26 / 2012

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Joan Roache

Mailing Address 402 14th Street

City: Ocean City State: MD Zip Code: 21842

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 860.00

Date of Receipt: 10 / 20 / 2012

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period: 110.00

C. Full Name (Last, First, Middle Initial)
Marty Saulenas

Mailing Address 22681 Bella Rita Circle

City: Boca Raton State: FL Zip Code: 33433

FEC ID number of contributing federal political committee: **C**

Name of Employer: Sunbeam Occupation: not supplied

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 23 / 2012

Transaction ID : SA11AI.5804

Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1960.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christina Showalter

Mailing Address 126 North Queen St

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ann Taft

Mailing Address 38 Oakridge Dr

City State Zip Code
Binghamton NY 13903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.5831

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas Timberman

Mailing Address 217 Mt. Vernon Ave

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US Govt Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.5820

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Timberman

Mailing Address 217 Mt. Vernon Ave

City State Zip Code
Chestertown MD 21620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US Govt Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.5851

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. William Trainor

Mailing Address 20731 Jamieson

City State Zip Code
Rock Hall MD 21661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

8325.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 35
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Democratic Central Committee of Worcester County

Mailing Address **PO Box 34**

City **Berlin** State **MD** Zip Code **21811**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11C.5928

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address **900 SEVENTH ST, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11C.5926

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5250.00

5250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES DR J LA FERLA

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation
Corsica Womens Health Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
64110.77

Date of Receipt
 M M / D D / Y Y Y Y
 10 22 2012

Transaction ID : SA13A.5800

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES DR J LA FERLA

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation
Corsica Womens Health Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
69110.77

Date of Receipt
 M M / D D / Y Y Y Y
 10 26 2012

Transaction ID : SA13A.5807

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

15000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Act Blue

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

Purpose of Disbursement payment processing fees

Candidate Name **LA FERLA FOR CONGRESS**

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 11 / 06 / 2012

Amount of Each Disbursement this Period: 250.02

Transaction ID : SB17.5966

Category/Type: 003

Full Name (Last, First, Middle Initial)
B. Molly Carroll

Mailing Address 133 N. Queen Street

City Chestertown State MD Zip Code 21620

Purpose of Disbursement administrative support services

Candidate Name **LA FERLA FOR CONGRESS**

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 11 / 01 / 2012

Amount of Each Disbursement this Period: 235.00

Transaction ID : SB17.5959

Category/Type: 001

Full Name (Last, First, Middle Initial)
c. Ashley Coleman

Mailing Address 1319 Covington St.

City Baltimore State MD Zip Code 21230

Purpose of Disbursement

Candidate Name **LA FERLA FOR CONGRESS**

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 11 / 06 / 2012

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.5963

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 2485.02

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Erik Gulbrandsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 23077 Old Fairlee Rd.		Amount of Each Disbursement this Period 206.50 Transaction ID : SB17.5962
City Chestertown	State MD	
Purpose of Disbursement Mileage reimbursement	Category/ Type 002	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MD	District: 01	

Full Name (Last, First, Middle Initial) B. Erik Gulbrandsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2012
Mailing Address 23077 Old Fairlee Rd.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5968
City Chestertown	State MD	
Purpose of Disbursement Campaign Management services	Category/ Type 001	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MD	District: 01	

Full Name (Last, First, Middle Initial) c. Jan Crawford Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 23031 St. Louis Rd		Amount of Each Disbursement this Period 8456.89 Transaction ID : SB17.5957
City Middleburg	State VA	
Purpose of Disbursement Radio ad buy	Category/ Type 004	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MD	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	10663.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jan Crawford Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 23031 St. Louis Rd		Amount of Each Disbursement this Period 3393.91 Transaction ID : SB17.5961
City Middleburg State VA Zip Code 20117	Purpose of Disbursement Radio ad buy Category/Type 004	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B. John Leekley		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 201 Maple Ave		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5958
City Chestertown State MD Zip Code 21620	Purpose of Disbursement social media update Category/Type 004	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) c. John Leekley		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 201 Maple Ave		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5965
City Chestertown State MD Zip Code 21620	Purpose of Disbursement Social media updates Category/Type 001	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3718.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Main Street Business Solutions Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 536.25 Transaction ID : SB17.5960
City Chester	State MD	Zip Code 21619	
Purpose of Disbursement Compliance consulting		Category/ Type 001	
Candidate Name LA FERLA FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MD	District: 01		

Full Name (Last, First, Middle Initial) B. Main Street Business Solutions Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2012
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5967
City Chester	State MD	Zip Code 21619	
Purpose of Disbursement Compliance consulting		Category/ Type 001	
Candidate Name LA FERLA FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MD	District: 01		

Full Name (Last, First, Middle Initial) c. Tru Blu Politics			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 5570 Sterrett Place Suite 300			Amount of Each Disbursement this Period 20000.00 Transaction ID : SB17.5956
City Columbia	State MD	Zip Code 21044	
Purpose of Disbursement Printed campaign materials		Category/ Type 003	
Candidate Name LA FERLA FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MD	District: 01		

SUBTOTAL of Disbursements This Page (optional).....	21236.25
TOTAL This Period (last page this line number only).....	38103.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB19A.5944
City CHESTERTOWN State MD Zip Code 21620	Purpose of Disbursement to repay loan 009 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4175**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Dr. JOHN JAMES DR J LA FERLA Primary
 Mailing Address 209 BIRCH RUN ROAD General
 Other (specify) ▼

City State ZIP Code
CHESTERTOWN MD 21620

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 Yes No
 M 12 / D 30 / Y 2011 M M / D D / Y 11/11/12 0.00 % (apr)

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4175

(Current loan amount of 2500.00 from a balance of 2500.00 has been forgiven)(A previous settlement amount of 2500.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4628**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Dr. JOHN JAMES DR J LA FERLA Primary
 Mailing Address 209 BIRCH RUN ROAD General
 Other (specify) ▼

City State ZIP Code
 CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 02 / D 13 / Y 2012	Date Due M / D / Y 1/1/20	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A =G7 9 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A =N5 HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4628

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4977

LA FERLA FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. JOHN JAMES DR J LA FERLA

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

3518.63

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3518.63

TERMS

Date Incurred

M 03 / D 12 / Y 2012

Date Due

M / D / Y 1/1/20

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

3518.63

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4977

(Current loan amount of 3518.63 from a balance of 3518.63 has been forgiven)(A previous settlement amount of 3518.63 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5123**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. JOHN JAMES DR J LA FERLA	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 209 BIRCH RUN ROAD	

City	State	ZIP Code
CHESTERTOWN	MD	21620

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 29 / Y 2012	M / D / Y 1/1/20	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5123

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5767

LA FERLA FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. JOHN JAMES DR J LA FERLA

Primary

General

Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 05 / 2012

M M / D D / Y Y Y Y
12/31/14

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

3000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5800**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dr. JOHN JAMES DR J LA FERLA** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 209 BIRCH RUN ROAD

City State ZIP Code
 CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS

Date Incurred M 10 / D 22 / Y 2012	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5807

LA FERLA FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. JOHN JAMES DR J LA FERLA

Primary

General

Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

5000.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10

26

2012

12/31/14

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

39018.63

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.